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THE CANADIAN NURSE

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NURSING AS A PROFESSION

"The News Letter" furnished us with the very message we were wanting to present to our readers as this New Year season, when it published the "Substance of a lecture delivered before the Junior Class at the Massachusetts General Hospital, by Dr. Richard C. Cabot." We may all read and ponder with profit.

"Our profession, the profession to which you as nurses and we as physicians contribute what we can, brings us constantly into the closest contact with human souls. We are with our fellow creatures in their hours of storm and stress, when what is deepest and truest in them comes to light. Such contact is sure to affect us in one of two ways. It can ennoble us or it can make us callous. There is no other alternative. Familiarity with the great spiritual experiences that attend birth, death and bereavement, with the awful perplexity of choosing between one life and another, and the awful desolation of the sufferer who learns for the first time that his malady is incurable, drives us all either to shut our ears to the poignant message of our work, hopeless of understanding its meaning, or else open every sense and every faculty to meet the world's revelations with a faith that is the essence of religion.

I have watched nurses become coarsened, hardened, narrowed by their work. It is inevitable when nursing is only a means of winning a livelihood. You cannot pass through such an ordeal without showing the scars. We must pass through a fire that consumes if it does not purify. A man can deal with leather or with hemp and be but little changed by it; but he cannot deal with human suffering, terror and temptation, with the desperate struggle of the fallen to get upon his feet again, and utter despair of passionate love confronted with vacancy, without being forced to meet, and as best he can, answer the great problems of human life and destiny. By a well known process all but the finest types of prison chaplain soon begin to show the deadening effect of meeting familiarly the great and sacred crises of human life over and over again until they become commonplace. Unconsciously and inevitably we are all of us infected with the same snug and business-like view of death, sin and suffering, unless the spirit of religion defends us.

Our profession cannot remain secular. If it attempts to do so it

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becomes a trade and a low one. What do I mean by the spirit of religion in the work of nurse or physician? I mean the missionary, not the proselytysing spirit, but the spirit of service, the sense of working for a cause that is absolutely and infinitely worth while, in which we can spend ourselves without stint, without restraint, without reserve. The Greek doctrine of the golden mean, of moderation in all things, is the full opposite of the spirit of religion as I understand it. It is impossible for the world to get or for us to give too much of the kind of service I am speaking of. It is its own reward, and the more of it you give, the richer you become. Absolute loyalty to the world's needs wherever found is the sum and substance of it all. Wherever there is the greatest need of me, there is my home, and paradise can offer no greater blessing. It is the soldier's creed, it is the creed of the devotee the world over, and it must be our creed if we are to face the facts, the plain every day facts of our work. Most of us don't face them. Most of our training has the effect of blinding and deafening us to one-half (and that the most vital half) of the facts before us. To concentrate attention day in and day out on physical processes without any attempt to go deeper into their meaning or into the life of the being to whom they belong, is to kill out our sensitiveness to the other manifestations of that life.

We deal with human life, not with human bodies alone, and yet we are trained exclusively in the care of bodies. No wonder that the souls in those bodies rebel now and then and demand some one who recognizes their existence; or else, what is worse, catch from the nurse the materialistic and mechanical view of things towards which all the nurse's training tends. When our training schools admit that to minister to a human being we must know the whole being and not only half of him, then it will be impossible any longer to keep them secular, and the spirit of religion will bring about a reorganization of the training there given and of the type of nurse that graduates. Such nurses will prove the following:

1. The religious spirit is one that can't be discouraged, for there's no uncertainty about our venture as we see it. The road may turn either way, to life or to death; in any case it must be full of opportunity that we want, the opportunity for service, for sacrifice, for courage and cheerfulness under strain, for education and experience, and for knitting closer the bonds of friendship with all sorts and conditions of men.

2. The religious spirit is one that can't be hurt, shocked or wounded. It is invulnerable to insult, taunt, annoyance—so small, so puny they seem, as we look through and behind them to the prize of our high calling.

3. Failure does not seem to touch the religious man, for to fail in

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the ordinary sense is to be taught the weak point in his armor, what he needed most to discover, and so to strengthen. "Bring on more of the same, we thrive on it."

4. Such a person is like a united army, his powers all dominated by a single motive, his eye single. This gives the great calm, the deep, all-pervasive happiness which shines in such people's faces. We all know such and marvel at it.

5. Such a person can't but be enthusiastic, because he is always finding what is surprising and fresh; fresh meaning, fresh value on the old, fresh opportunity and experience in the new.

6. Such a person is everybody's friend because he finds everybody interesting.

With this spirit in our work we cannot help seeing and fighting against the three great dangers that beset our profession. I mean the danger of:

1. Callousness, or the routine spirit.
2. Narrowness.
3. Dissipation of energy.

Of the first of these I have said enough already. Of the second, I have only to add that in my opinion the shortness of a nurse's working life is due to its one-sidedness far more than to the long, hard days and short nights which it entails. To use one set of faculties and to think one set of thoughts unceasingly, as most nurses do, is sure to break us down before our time.

Dissipation of energy, the scattered piecemeal character of a nurse's life, is due to the fact that it progresses towards no goal, builds year by year no edifice in which life may be embodied.

In the training school one works towards a definite goal, the degree; but after that there is at present no series of steps up which one can walk towards a definite end. By graduate classes, by co-operation with the training school, and above all by realizing that it is the business of every nurse, as well as of every doctor, to contribute to the science of medicine, something can be done at once to remedy this. Especially in symptomatology and therapeutics, the nurse has a far better opportunity than the doctor to make discoveries, because she sees so much more than he does of the effects of the treatment and of the details of symptoms from hour to hour.

I have not space to dwell here, as I should like to, on this point; it is one to which nurses must soon consider very carefully, if they are to maintain that continuous advance which alone prevents decay. But far more important is the central motive of the nurse's life. I insist that it must be a religious spirit; if not, nursing falls from one of the noblest to one of the emptiest of occupations.

The ideal I describe is no impossible or far off one. I know nurses of the type I have been describing, never discouraged, never hurt, always enthusiastic and eager to learn by what the world calls failure, single-eyed and full of that deep inner joy that heals and blesses all who know it. There are such nurses, and the secret of their life is their religion."

NOTES ON THE NURSING OF YOUNG CHILDREN

While each branch of nursing has special charm and interest, there is perhaps none more fascinating or with scope for ingenuity, intelligence, than the care of infants and young children.

Working on the orthodox basis of warmth, cleanliness and unremitting attention to the needs of the little ones, every nurse has some small device which has proved useful as a labor saver to herself and her fellow workers

A few notes are here presented of methods which have proved of value in our hospital wards, and lists gained from other nurses.

The difficulty of maintaining a uniform heat during the administration of a feeding may be easily overcome by the provision of a bottle cover—a tiny sack made from a remnant of thick flannel. The practice of keeping the nipples in boracic solution is sometimes abused by the thoughtless nurse forgetting that nipples permanently saturated with boracic, without proper rinsing and cleaning, may be the source of intestinal irritation.

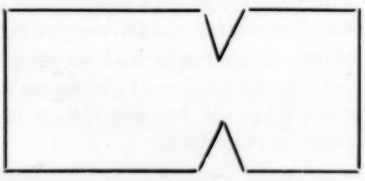
When required for use, the nipples should be carefully removed from the lotion, and it is well to keep an orange stick for this purpose.

The most economical and simple method of clothing children during sickness is a problem of frequent discussion. The following is a description of some garments from which practical and serviceable results have been obtained.

1. In adjusting the napkins of a baby girl, if the inner one be folded into a soft, narrow pad, with the chief thickness lying under the rectum and below the vagina, this one only will be soaked.

In the case of a boy, the thickness must be allowed to fall much further forward and over the penis to avoid unnecessary trouble.

The pattern for this napkin is that often used for adult diapers, which, when folded in the proper manner, presents the thin ends—thus:



2. Instead of a barrow, we use a flannel bag, long enough to

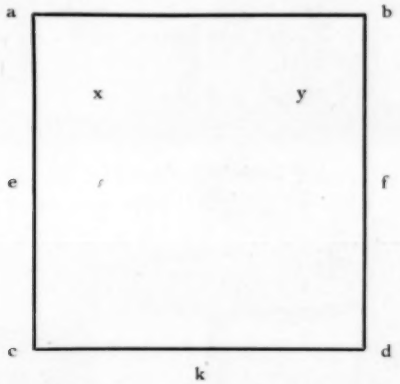
give freedom, loose enough to be comfortable, and very soft. It often fills the place of a hot water bag, and always makes for comfort. Some bags are made from discarded cradle blankets, and lined with old cotton—with a broad tape left long enough to be tied loosely under the shoulders, attached at the top. In our own ward these bags are now supplied in great numbers so that fresh ones, warmed and aired, are ever ready for use. To insure proper attention in the laundry, they are sent down with the blankets, and returned as such.

3. Over the above-mentioned article we use the gown only.

This is turned up smoothly at the back, leaving the front immaculate and pleasant to the eye of the usually critical beholder.

Add to this costume the usual pad over the draw-sheet, and you remain assured of dry beds and warm babies.

4. The bonnet here illustrated is made from a square of cotton used in the following way:



Double AB to meet CKD.

Fold back AB to meet EF.

Lift whole article and reverse, to make BD replace AC.

Fold AB to meet CKD at K.

Roll back CKD to meetXY.

This is the bonnet worn by the Doukobhors and forms a becoming headdress. It has been a boon to us, and replaces many a capaline and other troublesome scalp bandages upon the restless babies.

When a staining ointment is in use we make the headgear of old cotton.

In the picture the baby on the table had a fresh dressing hourly, with eye irrigations every two hours. You realize then what a saving was made in bandages.

Most appealing of all is the truth that to make and apply takes just thirty seconds.

The baby on the table.

The seated infants.

The cap worn by the seated infant on the left, by name "Sweet William," is merely a length of narrow stockinette gathered at one end. This replaces a headshawl for babies whose mothers lie in distant wards. The journey must often be made through cool corridors especially for night feedings, and always to wards of varying temperature, and while the parent can be intimidated into neglecting to remove the cap, she is sure to find the headshawl unnecessary. These are also worn by the older children during the after dinner nap on the balcony, while the same children rebel at the woollen toque because it slips over the eyes.

5. We had trouble with our two and three-year-old cases of tonsils and adenoids and so on, during the hours following upon return to consciousness from one simple cause—a determination to remain uncovered and on top. The question then stands: Shall we risk pneumonia for the sake of peace? Decidedly no! Yet there is seldom a nurse with time to sit by and keep the patient covered. Our solution then is the following addition to the ordinary preparation for anaesthetic: (These are left in readiness by the bed.)

Pneumonia jacket, bloomers, stockings, dressing, six safety pins.

In queer but comfortable positions the sleeping baby forgets hunger, home and mother for a blessed period. These anaesthetic cases are invariably placed in an area kept ready for them by the head nurse's desk, with the surrounding screen left open in that one direction, thus leaving the ward nurses free to do their duties as usual.

A. M. C.

NURSING IN A SMALL HOSPITAL IN CANADA

By E. F. Neelin

The fundamental principles underlying all nursing are the same, and whether we are doing duty in an institution, large or small, a private home, in the city, town or country, it is essential that the graduate nurse be capable of meeting and handling with infinite tact, patience and courage whatever circumstances present themselves at any time of day or night. There is no field of employment open to woman that makes the demands upon her that professional nursing does. One aptly remarked that the ideal graduate nurse should embrace all knowledge from a kindergarten teacher to a philosopher, and with every added year of experience one realizes the truth of the statement. Perhaps there is no branch of nursing that requires the ideal nurse as much as that of lady superintendent of a small hospital.

In Canada there are three divisions of hospitals: first the modern, fully equipped hospital of our large cities; second the small hospital of our baby cities, and third the smaller institution in the towns and villages. Of the first class it is unnecessary to say much, except that

we Canadians are justly proud of the fact that at the present time we possess the largest and most modern hospital in America. I refer to the magnificent structure just opened—the new Toronto General Hospital. The second and third classes we will consider as one because largely the needs and requirements of these classes, as well as the difficulties to be met with by the often overworked superintendent, are identical.

When a young woman has chosen the institutional branch of nursing as her special department of the great work, she often plunges headlong with little or no idea of the vast importance of the work she has undertaken, and is forced to stumble along the stony and devious path of knowledge, making sometimes egregious errors of judgment, having only the hazy ideas of a composite knowledge of her Alma Mater for guidance. Nine times out of ten she is the only graduate nurse in the place. She does the housekeeping, book-keeping, managing the servants, selecting, teaching and training the pupil nurses, purchasing the necessary food, medical and surgical supplies, and at any time of night or day is on call to be consulted in reference to all changes in the patient's condition. In other words, her ordinary day's work consists in filling the position of housekeeper, bookkeeper, superintendent, dietist, house physician, anesthetist, and added to this list of accomplishments she is generally expected to entertain and please the Ladies' Board of Managers who usually know nothing of hospitals or hospital needs. She must have a smile, a cheerful word for each and every patient and their friends, and to offer sympathy and consolation to the grief-stricken people who come to the hospital. It is only the nurses who are filling such positions, and those that have had practical experience, that have any idea of the multiplicity of duties that devolve upon the head of an institution.

Then there is the eternal question of help. Where can one find young women of good education, home training and personality to fill the class of pupil nurses? The chief difficulty is lack of primary education in the entrants. Every daily paper one sees has advertisements from the hospitals in large centres offering places in the training schools, and generally the city with its allurements gets the first choice of our young women, and the small hospital is often forced to accept as probationers whatever is obtainable. Inasmuch as the primary business of a hospital is the care of the sick and the routine work must be carried on, there is this to be borne in mind, that the character of the pupils admitted for training will determine largely the quality of the work done. Just here it might be well to add that in most institutions in Canada it is necessary to have at least one year at High School to obtain a place in the training school, but the attempt to fix a scholastic standard has resulted in the increased number of schools that give a short course in the theoretical work. These schools

are to be both lamented and condemned. Through a diversity of latent talent inherent in the individual mental processes of each entrant, it naturally becomes a complex question of unusual gravity that must be entertained erstwhile it is incumbent on the supervisory head, through careful introspection to study their characteristic aims and ambitions, the development of which tends to fit them the more efficiently for the sphere of usefulness intended, for which they graduate.

Often, too, the financial standing of the institution prevents the hiring of competent cooks, maids ,orderlies and men to do the necessary work around the buildings and grounds.

But while this is only a statement of a few of the greatest difficulties, the law of compensation is still doing its noble work, and it is an acknowledged fact that a superintendent of a small hospital comes nearer to living the home life, which is ideal, than her sister nurse who is managing a large institution. The more people an individual has to control, the smaller the personal contact and companionship, while in a small school, where the superintendent is thrown into direct and daily intercourse with each and every member of the household, there is a great deal of pleasure and help to be given and obtained.

We have been viewing the subject from the graduate nurse's standpoint, but there is another aspect of it, that of the pupil nurse or undergraduate. What are the advantages and disadvantages of training in the small hospital is a question that is frequently asked by young women desirous of entering, before they have really made a choice of training school. What is true of the superintendent regarding personal contact also applies to the undergraduate. There is the regular routine work of the hospital to be carried on 365 days of the year, yet there is less of the "Don't do this" or "Don't do that," rule upon rule, precept upon precept, than in the grind of a mammoth institution where a breaking of one of the least important rules will throw the whole working machinery out of plumb.

While this theory is often advanced in favor of the large hospital, that there are so many more cases to be seen, yet it must be admitted that in a small institution a nurse has a much more intimate knowledge of the cases with which she comes in contact, because of the fact that she is allowed to do dressing ,etc., which falls to the lot of the house surgeons or internes in the large schools. During her operating room training, the pupil in the small hospital is frequently the surgeon's assistant, being allowed to sponge, tie ligatures and hand instruments. In this hospital she is also given a thorough training in the administering of anesthetics. As the Irishman remarked, "Experience is a great teacher, but it never comes twice the same way," so it behooves each and every nurse to grasp all knowledge that comes her way and to realize that the old saying, "Can do is easily carried," is worthy of consideration.

A WAYSIDE NOTE

By the Medicine Woman

"Kill two birds with one stone." That sounds like a wise maxim —at least it is an economical one, thought the Pale-face, as she added P.S. Please bring your tooth forceps. It is plain, mused the Medicine Woman, that a doctor must be called to make rounds on the reserve—there is the chief's baby with pneumonia. Agnes, an ex-pupil, feeling that life is not worth the living—she is suffering from a severe attack of quinsy—that new baby's stomach is a mystery; Mary should have her lungs examined. She has pronounced symptoms of tuberculosis—that heathen woman is losing the sight of her eye, though she still persists in following the treatment of the native medicine man. And now there's Na-na-ba-soo down flat upon his back with another attack of rheumatism.

Now, when the doctor comes, it will be a grand opportunity for the little Indians to get rid of those troublesome teeth.

"Dooth Metchon pleas" had been the daily cry, and had I not been put to my wit's end to supply bottles for them all? Again, how much lies beneath the word toothache?

A writer once said: "Disappointment in politics is painful; disappointment in love is worse; but in either case you can be thankful it isn't the toothache."

He must have had a toothache. But to return to my story. It was plain sailing, so to speak, to transfer the children from the school room to the kitchen. What happened afterwards makes the story.

Little Maggie was the first victim. Meekly and quietly she walked into the dispensary, though her big, grown eyes were fast filling with tears. A gush of tenderness filled the heart of the Medicine Woman. "Oh, Dr. Blank," she pleads, "let me give Maggie a whiff of chloroform; it hurts, you know."

Back came the unhesitating reply, "You bet it hurts."

Into the kitchen went the penetrating fumes. It was enough. It was Willie who gave the alarm. Had he not once been a patient in Melfort Hospital, to undergo an operation on his neck, considered too serious to be performed on the reserve?

"The doctor made me sleep, then—cut my neck," was the information given out to his eagerly listening friends, "and that's the same perfume what I now smells."

Now for the second child. The waiting room was empty. Flying mooseskin moccasins were just disappearing around the corner of the house, and here and there, like so many squirrels, dusky faces were seen peeping cautiously over wood piles, from house corners, behind barrels, etc. "Sydney, come here," the Medicine Woman says

in sternest tones. That spelt relief for eighteen minds—but the nineteenth—a piercing cry rent the frosty air, not of defiance, not of anger, but a pleading cry for mercy.

Where is the man or woman, doctor or nurse, who would take the advantage of the helplessness of a lad of eight, the sole representative of his family—a little lad who was content to remain behind at school, whilst the family spent several months on a northern hunting expedition? "Sydney, you are free—the Mas-ke-ke-es-kwas (Medicine Woman) would run too in order to escape those awful forceps."

Then nineteen index fingers went into as many mouths, and nineteen little Indians explained "No sick me"—and happiness came back to us all again.

"I'm glad he's out," said Maggie, as she rinsed out her mouth for the twenty-seventh time.

Maxims may be all right in theory, but do they always work out satisfactorily?

"THE NURSING MISSION," BEVERLY STREET, TORONTO

In the year 1887, some years before the organization of the Victorian Order, Mrs. Keer, wife of General Keer, and others, members of the Mission Unions, recognized that district nurses were imperatively needed in St. John's Ward, for the members could not hope to minister to the spiritual needs of those they wished to reach, if they neglected to minister to the bodily needs. Even in those days St. John's ward was a badly congested district, although not as to-day, inhabited almost altogether by a Jewish population. At that time all denominations of Christians as well, were represented there. So the idea took form and the opening of a training school in district work for nurses with a graduate nurse as superintendent, under the control of a president and board of directors was the result. For some time the work was carried on under difficulties, as the building secured was not in any way adequate, but in 1901 Mrs. Goldwin Smith, hearing of the need of the mission for a comfortable, sanitary home for the training school, most generously offered the present home, 55 Beverly street, for a mission home and training school quarters, with taxes paid each year by her estate, so long as it was used for that purpose. Her offer was accepted by the board, although much to their regret, the board of the mission union disagreed with their doing so without reserving to them certain rights that the former board did not agree with; so from that time, 1901, the board of the nursing mission has carried on its work apart from, but in sympathy with, the Mission Union, and with the same principle as its guide as when first organized.

Every case, as far as is possible, that applies for a nurse from the

mission, is investigated by a member of the board, and an interesting and satisfying work each member finds it. Not by any means is each case a case of actual distress, although only too many are, but each case is a case of suffering, and as each member gives of her sympathy and, if need be, material help; she tries, too, to give a little spiritual help, and here let me say, the help is not always only given to the sufferer, but is given by the sufferer to the visitor, in large measure, over and over again.

At present the staff of the mission consists of Miss Temple, the Superintendent and nine nurses-in-training. Miss Temple is a Graduate and Gold Medalist of the Training School for Nurses of Waltham Hospital, Waltham, Mass., which includes in its course a training in district work.

Each nurse, before being accepted for her two years' course, serves a two months' probation, and the great object of the board is to secure only such women as have not only a love for the nursing work itself, but who are earnest Christians, hoping through them to help the spiritual needs of the patients, for a nurse's opportunity for work of that kind is almost unlimited.

During her probation, and till such time as the Superintendent considers her competent to go on a case alone, the junior nurse always accompanies a senior nurse on a case, so learning how to act on similar occasions. The Superintendent also, as far as possible, visits each case at least once, and, if severe, more often, observing how the nurse-in-training does her work, etc., etc.

One rule that is insisted upon, is that no case except one of great emergency be accepted that has not a doctor in attendance. The reason for the necessity of such stress being laid on this rule is that it is necessary to protect both patient and nurse, for very many of these poor patients think that it is not at all necessary to have a doctor when they have a nurse, and one knows that even a hospital graduate will, in the interests of her patient, refuse to work, if not under doctor's orders, unless in a case of emergency.

As in a hospital training school, lectures are given and demonstration classed held by the Superintendent, and lectures on surgery, medicine, gynaecology, and obstetrics, etc., given by the members of the medical staff connected with the mission. They also attend clinics at the Simcoe Street Dispensary and the Women's Dispensary, Seaton street, and now the Toronto General Hospital has also favored the mission by allowing its nurses to attend some of the clinics at the hospital.

The practical knowledge obtained by the mission nurses is well known by all who have come in contact with them, also their great resourcefulness and adaptability. Some after graduating have taken

post-graduate courses in one of the large hospitals, and have proved themselves to all with whom they have come in contact as women of high ability. Some have taken up private work, some taken charge of wards in hospitals, others have gone to the foreign fields as missionaries, some also have identified themselves with the "Margaret Scott" Nursing Mission of Winnipeg, which was organized some years ago on the same lines as the Nursing Mission, Beverly street.

Some time ago several of the doctors of the city asked that a registry for the graduates of the Mission be opened at the Home. So far this has not been done, but it will be in the near future. Such a registry is a necessity for obvious reasons.

For all these years, the work has been carried on in faith, for it has no endowment fund and does not solicit subscriptions. Should it move to another district of the city, it would even forfeit the Home itself, for that is the mission's only as long as the mission remains there. No charge is made to any patient, but where possible, to prevent pauperizing, they are encouraged to give a "Thank offering" to help on the work and help those less fortunate than themselves. And surely the faith is rewarded when the work is able to go on, year after year, with little to spare, it is true, but blessing, we hope, those whom it helped, and certainly blessing those who work.

H. F. Burland.

THE ORIGIN AND GROWTH OF DISTRICT VISITING NURSING

What is known to-day as district visiting nursing, was first done by the deaconesses in the Mennonite congregations in Amsterdam, Holland. In these congregations there was the confession of faith, dated 1632, setting forth the character of deaconess nurse service; and one of the antiquarians, Professor Cramer, says that such service was already in action during the latter part of the 16th century. It has continued to the present day, but not so much in nursing as in other forms of service. Many years later the deaconess work was established by Pastor Fleidner, of Kaisersworth, Germany. The purpose of his school was to render aid to the sick and suffering in their own homes, and, in such service, to train young women for similar work in wider fields. At the present day visiting nursing is done by Institutional deaconesses and hospital nurses.

The work was established in England in the year 1862, the first society being formed in London. Manchester followed in 1864, and very soon societies were started in all the larger towns.

Visiting nursing has been done in the United States for about thirty years. The women's branch of the New York City Mission and Tract Society first started visiting nursing by a missionary in 1877.

Another New York society was started in 1878, and since then visiting nursing societies have multiplied.

In 1885, for the first time, this branch of nursing was taught, as part of the course of training at Waltham, Massachusetts, and to-day there is scarcely a city or town without a District Visiting Nursing Association.

As I am a Graduate of the Waltham School and Hospital I would like to tell you of an incident which made a lasting impression upon my mind, as to the value of such teaching and experience. The day before Thanksgiving a nurse was sent to a certain house with the following orders from the Doctor: "Do what you find necessary." She found a family consisting of father, mother and baby, living in two rooms, no fire, and the place very cold and cheerless. The father was lying on a couch, and it was quite apparent he was in the last stage of tuberculosis. In a bed, in the same room, were the mother and baby. The nurse lighted a fire and prepared breakfast of dry toast and tea, and tidied the rooms while water was heating, then gave the three patients a bath and rub, and made them as comfortable as possible, leaving food prepared for the day. Thanksgiving morning she reported the case to the superintendent, who, with the nurse, packed two baskets with all that pertains to a good Thanksgiving dinner, adding the flowers from the nurses' table, and carried them to that home. After the fire was lighted and patients bathed, a table was set as daintily as possible, and the contents of the baskets made it most inviting. The man was lifted into a rocking chair close to his wife's bedside, and they partook of their last Thanksgiving dinner together. When the nurse returned to clear the table and assist the man to his couch, the expressions of gratitude from that couple were beyond description.

The Victorian Order of Nurses was instituted as a Diamond Jubilee Memorial to our late beloved Queen Victoria. The thought originated with the Countess of Aberdeen, who was President of the Women's Council.

In 1897 the Council met in Annual session in Halifax, Nova Scotia, where Lady Aberdeen first made public her idea, which met with universal approval. I was visiting Halifax at the time, and a friend, who knew I had received special training in visiting nursing, mentioned that fact to Lady Aberdeen, who immediately asked me to visit her at Government House. We had a most enjoyable visit and everybody became enthused with the idea. I suggested that instead of waiting to raise a million dollars to institute small hospitals in mining and other districts, that training schools be started in every province, and then those nurses sent to towns and outlying districts. I also suggested that the governing board secure the services of Dr. Alfred Worcester,

of Waltham, Massachusetts, as being an enthusiast upon the subject, to deliver lectures in the larger cities of the Dominion. Lady Aberdeen wrote Dr. Worcester, with the result that he lectured in Ottawa, Toronto, Montreal, Halifax, St. John and other cities, and soon after, Training Homes were instituted at Toronto, Ottawa, Montreal, Halifax and Vancouver. Dr. Worcester was accompanied by Mrs. Worcester and Miss Charlotte Macleod, Superintendent of the Waltham Training School for Nurses. Miss Macleod was afterward appointed Lady Superintendent, and served the order for several years.

This "Nursing Mission" advocates training in visiting nursing for visiting nursing. Nurses trained altogether in hospital wards where there is every convenience, and head nurses, by whom they are directed in all their duties, are frequently at a disadvantage when thrown upon their own resources. Physicians are most kind in giving a course of lectures upon anatomy, physiology, emergencies, medical, obstetrical and surgical nursing. The Superintendent gives frequent quizzes upon these various subjects, practical demonstrations in nursing, invalid cooking and massage. She also visits the cases to teach, render assistance, or encourage nurse and patient. Through the courtesy of the Superintendent of the Toronto General Hospital, the nurses are invited to attend operations and clinics as frequently as possible.

New avenues of labor are constantly opening to women, and we are coming to realize that no work is menial. She who puts her heart, her best energies, and her brain into her work, need never fear any kind of employment. So it is with nursing. One who loves humanity need have no fear of injuring her professional dignity. She but gains additional honor by her devotion to her patients, and by being willing to serve in alleviating suffering and giving comfort and joy. Such an one will gain the Master's approval—"Inasmuch as ye have done it unto one of the least of these, ye have done it unto me."

Sara L. Temple.

DORA

"Whiter tal de snow!" That was her baby way of saying "Whiter than the snow," but a more sorry contradiction of snow—except perhaps for the purity and innocence of her baby face—could not possibly be imagined.

Grimy and ragged beyond all recognition, hair that was straggling and wet, eyes that might have been beautiful but for the story of misery all too plainly revealed by them, arms and legs enveloped in filthy rags, to make some sort of covering for the burns—an additional misfortune which had fallen some hours previously to her already heavy lot.

Her mother—how unworthy of the name was the woman—had heavy lot.
carried her from public house to public house until no longer, if at any time, capable of looking after the child, she was given into custody, and a kindly policeman carried the mite to our hospital.

"Dora" was her name; that was all she could tell us. But after the burns were dressed and she had been made comfortable in her cosy cot, the little one revived and, looking at me anxiously, asked, "Shall I ting to you, Mrs.?"

On receiving an assent she piped forth in a weak little voice,

"Whiter tal de snow, whiter tal de snow;
Wass me in de blude of de Lamb, Lord, and I sall be whiter tall de snow."

It was the last time for weeks that we heard the little singer.

The exposure and neglect had proved almost too much for the frail body, and her life for days was despaired of.

At length she began to improve, and once again volunteered to sing for us—always the same tune in the same plaintive voice. I fancy I hear her now.

On visiting day I found her with great tear drops streaming down her face, and enquiring the cause of her grief, she told me that "Mammy had gone to gaol for drinking beer and being drunk."

Poor child! Her sorrow was very real, but with a little comforting and diversion, happily she was able to forget it for a time.

Her statement, alas, proved all too true, for the local papers contained an account of the woman's gross cruelty to her children and neglect of her home, and of her well-merited punishment.

And so the little singer stayed and grew dearer every day to the hearts of each one of us.

The daily operation of dressing the wounds was invariably accompanied by a storm of tears, but the last bandage safely fastened, her little face was quickly wreathed in smiles, and "Tal I sing for you?" she would ask—again we would hear the same verse of the same hymn. But to our ears it never grew monotonous, for we felt that Dora in her own little way had tried to show her gratitude.

At last the little patient was quite convalescent, and sorrowfully we were obliged to part with her.

Her existence indeed had almost escaped my memory, but one day, passing through a slum of our city, my eyes fell on a group of children sitting on a doorstep, and in their midst our little Dora. Grimy and dirty as of yore, but apparently well content, singing as I had so often heard her:

"Whiter tal de snow;
Wass me in de blude of de Lamb, Lord,
And I sall be whiter tal de snow!"

RE STANDARDIZATION OF HOSPITALS

From the point of view of the public, the most important matter which was passed on at the Clinical Congress of Surgeons, held in Chicago, was the adoption of the report made by the sub-committee of the congress on the subject of the standardization of hospitals, in regard to the matter of statistics in respect of patients before, during and after treatment, whether operative or otherwise.

The proposal which was endorsed by the congress is to have an efficiency committee in connection with each hospital in charge of the work.

The object of the uniform recording system is through fuller and more exact knowledge, to eliminate unnecessary operations, do away with such operating or treatment as does not prove wise, efficient, and by following up the case ascertain whether the methods and remedies employed have been of temporary or permanent value.

The report points out that at present it is nobody's business to see that the hospital patient has got results from his treatment—operative or otherwise. The trustees leave this question entirely to the staff, on the ground that their reputations are above reproach. Each member of the staff naturally does not want to call the attention of others to his own bad results, and quite naturally shirks the odium of publicly criticizing those of his colleagues. The superintendent, even if capable of recognizing carelessness or incapacity on the part of the members of the staff, especially if they are successful private practitioners, has seldom the power or moral courage to protest.

Therefore, it is essential that a body composed of members of all these departments should constitute the efficieny committee. What has been everybody's business and yet nobody's business, will become their business. They should be strong enough to do at least three things.

1. To call the attention of the staff to their waste products.
2. To gain the concentrated attention of the superintendent.
3. To be listened to by the trustees.

The trustees msut be represented on this committee—possibly by a paid agent.

Trustees of hospitals who do not investigate the results to their patients do not audit their accounts. Even if their product is given away it should be as carefully inspected as if it were to be sold.

The result under such a system would be that, "Each morning a clerk writes a routine letter to every patient who was discharged exactly a year before, asking him to report to the accident room or to reply by letter. Notes of these replies are made on the books of the end result cards. (By this plan the Massachusetts General Hospital

of Boston obtains end result notes of over 50 per cent. of the cases."

In adopting the report a resolution was also passed that a copy of it and the explanatory pamphlet on standardisation, should be sent to every hospital in America, Canada and those parts of the American continent which the congress covers. It was also decided to communicate with the American Medical Association and the Carnegie Institute with a view to securing funds to carry on the work.

REGISTRATION OF NURSES

"The British Journal of Nursing," of November 29, gives the following, copied from the "Law Times":

"It would seem as though in this country that Parliament has not as yet adequately appreciated the need for some legislation on this ject. It is nearly ten years ago since Dr. Farquharson introduced in the Comons a bill for the State Registration of Trained Nurses, which bill, without considerable modification, has been since then annually presented by the Right Hon. R. C. Munro-Ferguson. In the Lords an attempt was made in 1908 by Lord Ampthill, but his bill got no further than its third reading in that House. That these efforts are not the mere outcome of some individual faddists is shown by the fact that in 1905 a Select Committee of the Commons, having taken evidence during two sessions, agreed that it was very desirable that a central body should be set up by the state to keep a register of nurses. There is at present no adequate standard of nursing education. We have to trust largely to the splendid spirit which, as a rule, animates the nurses themselves; and to the traditions inspired by hospital experience. In the case of the doctors, a general medical council prescribes the standard of medical education, but in the case of the nurses, on whose efficiency and judgment so many lives depend, there is no analogous nursing council with powers to raise and maintain the standard to the level desired by the best authorities. It is rather notable that hospital boards are largely under male management; and the knowledge and influence of women, which would be so specially appropriate in connection with matters affecting nursing, are not adequately employed.

THE NEED

It must be obvious that in other departments great efforts are being made to increase the efficiency of general education. In connection with this special and technical subject, there is no guarantee to the public that a nurse is really efficient. The formation of a central authority would remove the fear always entertained by the relatives of a sick person at some crisis. Registration would imply a definite curriculum and experience; and it would hall-mark a woman as a per-

son of skill who has undergone the supervision and discipline analogous to that to which the medical man has been subjected. Having regard to the serious accusations which appear from time to time in the press, it would be possible under a scheme of registration to put to the test the truth of statements which occasion so much alarm. A nursing council could, after inquiry, ensure that a nurse unjustifiably condemned should not have her career thereby imperilled; whilst substantial and proved charges could be brought home with adequate severity. At present, when once a certificate is obtained, a nurse cannot be deprived of it, however bad a character she may be shown to possess. It is quite time that a system which works well under alien skies should be set up forthwith in this country, in accordance with the overwhelming weight of medical and nursing opinion."

THE CANADIAN NURSE EDITORIAL BOARD

The annual meeting of "The Canadian Nurse Editorial Board" was held at 295 Sherbourne St., Toronto, on Friday, November 28, 1913. The President presided, and six other members were present. The minutes of last annual meeting were read and approved. The secretary read letters expressive of regret at inability to be present from Miss Kirke, Halifax, N.S., and Miss Judge, Vancouver, B.C.

The Business Manager's report showed the amount received from advertisements from September 30, 1912, to October 1, 1913, to be $2,141.00, and subscriptions, $1,231.00. The attention of the President was called to the fact that our agreement with the publisher gave us twenty per cent. of the earnings of the magazine over and above $3,000.00, and a committee was appointed to interview the publisher.

The secretary called the attention of the meeting to the resolution re "The Canadian Nurse," passed by The Canadian National Association of Trained Nurses, at the convention in Berlin, Ont., in May, 1913, and said she understood Miss Flaws, Toronto, had been appointed, but no communication about the appointment had been received.

The resolution was read: "That the Executive appoint a committee to communicate with the Board of Directors of "The Canadian Nurse" with a view to finding out what may be done to bring about what has been recommended in the report of the Publications Committee."

It was then decided that as no communication had been received, nothing further could be done by the board.

Then the question of increasing the interest and having each member of the Editorial Board realize her responsibility to contribute material regularly, was discussed; also some plan to facilitate the work

of the editor in communicating with contributors. It was decided to have postal cards printed to reduce the letter writing somewhat.

One suggestion was that, "It would make a good item for the journal to put in the names of the contributors and the number of articles they have sent during the year."

The benefit of having the Editor meet the Nurses in the different parts of Canada was next discussed. As a nurse from the West said some time ago, "Having discussed the situation with you, I know if you could meet the nurses face to face and talk the matter over, the interest would be increased materially." But the finances do not admit of this expenditure.

The meeting then adjourned and a social half hour was spent over a cup of tea.

THE SCHOOL NURSE

To Germany must be given the credit for having first taken steps to examine the teeth of school children, according to Dr. J. E. Black, who led the discussion at the Vancouver Dental Society on how best to conserve the teeth and render efficient dental service to the children of Vancouver. Examination of many children in Ireland and Scotland showed that 85 per cent. had defective teeth. When the idea was first taken up in the New England States it was found that 75 per cent. of the children's teeth were affected. These irregularities of the teeth caused indigestion, neuralgia and malnutrition. Dr. Maxwell, of New York City, was quoted as saying that "malnutrition is the chief cause not only of physical weakness, but of mental weakness, and is no doubt responsible for the dreadful ravages made by the various forms of tuberculosis. A badly nourished body furnished a poor support for intellectual efforts and, instead of being a barrier against, is a standing invitation to disease." A leading authority in the United States referred to teeth ailments as the "scourge of children."

Dr. Brydone-Jack said a clinic would be established this year in connection with the public schools, as one thousand dollars had been set aside for that purpose. His Worship Mayor Baxter thought children should not be sent out into the world handicapped by a poor masticating apparatus. He would do all in his power to help establish a free dental clinic for the children of Vancouver.

The regular monthly meeting of the Canadian Public School Nurses' Association will be held hereafter on the first Tuesday in the month at 4.15 p.m., at the Nurses' Club, 295 Sherbourne St., Toronto. Mrs. Struthers, the President, presided at the December meeting. Miss Roberts was elected recording secretary to replace Mrs. Feny, who has left for Prince Albert, Sask., to take the position of School Nurse at

that place. After the transaction of business, afternoon tea was served and the meeting adjourned.

Some extracts from a paper outlining the "School Work of the Tuberculosis League in Pittsburg" will be of interest to many.

"The educational campaign for the prevention of tuberculosis, carried on in Pittsburg through the schools, was organized in 1908 by a Johns Hopkins nurse, Miss Stark, and has been continued each year. The league obtained permission from the Public School Board and from the Bishop of the Catholic Church to carry on this work in the public and parochial schools. The teacher-nurse visits these schools in turn, solicits the co-operation of the principal and teachers, and then goes from room to room, giving fifteen to twenty-minute talks, adapting the material to the age and understanding of the pupils. The older ones are told a little about the history of tuberculosis, its prevalence, cause and prevention. The younger ones are merely given a lesson in hygiene. A pamphlet entitled "Tuberculosis or consumption, and how to avoid it," "Lessons for school children," is distributed to each child or family. The little booklet covers the subject in a very simple and comprehensive way, and is illustrated by many significant pictures. The teachers are asked to have the children write a composition on the subject to help impress the important facts on their minds. Many of these compositions are very good and show that they have read the book and understood it.

While there are as yet no statistics to show what this special effort has done for Pittsburg, it is quite certain much has been accomplished.

Among the numerous questions which are coming to the front in the present day, that of infant mortality is one which is widely discussed. People are asking themselves and others the cause of this great waste of human life. The question is complex and one which is difficult to answer. There are many factors in the problem.

Ninety per cent. of the infants who die during the summer months are bottle-fed, and until the mothers learn the lesson that breast feeding is essential, the death rate will be high. The restless anxiety of the mother drives her from one doctor to another, from one neighbor to another, and from one clinic to another, for advice. Overcrowded quarters, the cold, draughty basement in the winter, and the hot, stuffy attic in the summer, the father who will not support his wife even at the time when his help and support are most needed, the widow with her small flock of little children, and the untrained mother are a few of the causes contributing to the high death rate. The necessity for the well qualified Public Health Nurse is great.

If we define a normal home as one which is presided over by a

loyal father and a trained mother, and in which the income is sufficient to meet the necessities of life, we will find that few infant-deaths occur in normal homes. We must not, therefore, aim only to secure pure milk and to provide medicinal care for sick babies. We must do these things, but must also by means of education and by means of well-directed philanthropy secure for each infant a normal home.

The nurses will find homes in which education alone cannot meet the acute present problem. The following story is not a new one: A mother, pregnant, and with five children, the oldest six years of age, is deserted by her husband at the beginning of the winter. The mother was trained for factory work, but not for home-making, and probably contributed, by her poor management, to the complete discouragement and demoralization of the father. It becomes the duty of the Public Health Nurse to focus upon that home the social agencies which will maintain the health of the five living children and secure a fair start for the unborn child. Education combined with wisely-directed philanthropy and control, must re-establish the present home upon such a basis that the six children may become better citizens than their parents.

Pastor Fliedner, of Kaisersworth, to whose hospital Florence Nightingale went for training, laid down as the essential qualities for a district nurse, the following: "The cardinal virtue of a district nurse is practical wisdom to grasp and comprehend, to sympathize, to regulate and order, to discriminate between true and false, to penetrate to causes, to plan for regeneration." The statement applies in this day of increased opportunities. Pure milk, mothers' and babies' consultations, education of the young woman, charity organization systems, the thoroughly trained Public Health Nurse, and the ideal before us of a normal home for every child mean no infant death rate from preventable causes—in the bright future.

What is the education of the generality of the world? Reading a paicer of books? No! Restraint and discipline, examples of virtue and of justice; these are what form the education of the world.—Burke.

Editorial

UNITED WE STAND

Now that the New Year is here, those associations that have not yet affiliated with The Canadian National Association of Trained Nurses should not delay longer in taking this step. If the National Association is to accomplish the objects for which it was organized, viz.: (1) "To encourage mutual understanding and unity among associations of trained nurses in the Dominion of Canada; (2) To acquire a knowledge of the methods of nursing in every country, to elevate the standard of professional education, and promote a high standard of professional honor among nurses in all their relations, to encourage a spirit of sympathy with the nurses of other countries, and to afford facilities for international hospitality," it must embrace every association in Canada.

No association can reach its highest ideals or accomplish all the work possible if it stands alone. And every association, doubtless, realizes this, but has just put off taking the necessary steps to promote greater unity and therefore greater strength. The months slip by very rapidly, and if each association does not take Time by the forelock and attend to this matter now, the Annual Meeting of the National Association will be here, and your name will not be on the roll; your part of the work will be undone.

The Executive of the National Association appointed Miss Crosby, 41 Rose Avenue, Toronto, Convener of the Eligibility Committee, and she will be very glad to hear from all those associations that are not yet affiliated.

GOOD ADVICE

"It is the opinion of the Publication Committee that the best and most effectual way to attain a national journal is for each and every society and individual nurse to make a special and particular effort to support 'The Canadian Nurse,' to subscribe to it collectively and individually, to send articles and notices, and endeavor to make it not the local organ of the east, but the voice of the Dominion, as it is intended to be. Let each province hold itself responsible for definite contribution to the Magazine. Such general effort and responsibility

would not only make "The Canadian Nurse" the factor it should be in the Dominlion of Canada, but would also enable the National Association to fulfill its avowed home policy."

This is some of the good advice that was given by the Publication Committee of The Canadian National Association of Trained Nurses in its report submitted at the meeting in Berlin in May, 1913.

Though this report was printed in full in our September issue, we have an idea that some societies, and some nurses too, must have neglected to benefit by the good advice. Our conclusions, of course, are drawn from results which have certainly not been such as to overwhelm us. But perhaps many or only waiting for the New Year to put their good resolutions into effect. We trust this is so, and therefore await future developments with anticipation.

SERVICE

Service must be the keynote of the life if happiness, real happiness and inner contentment, are to be the lot of the individual. More and more is this being realized by all who take any interest in humanity and seek to have a share, however small, in helping make the way a little less rough for some struggling one. And nurses, who have such unequalled opportunities of learning the need, are realizing, as never before, that there is a part in this social service which none can do so well, which, in fact, will not be done but by them.

In evidence of this we might refer to the work of a number of organizations in different parts of Canada where nurses are rendering valiant service. Then, too, there are the individual nurses who quietly help and encourage and cheer, and only those helped know of the service and its value.

The latest evidence of this desire for service that has come to our notice is "The Golden Rule Guild," organized by the Alumnae Association of the Toronto General Hospital Training School for Nurses. The work, which is explained by the letter which we quote below by kind permission of the President, has been waiting, now it is to be undertaken by willing hands and enthusiastic hearts.

"For some time past the nurses belonging to the Alumnae Association of the Toronto General Hospital Training School for Nurses, have experienced a growing desire to engage in some specific work for the good of others. After consultation and mature deliberation, this desire culminated in the decision to endeavor to raise a sufficient sum annually to pay the salary of a nurse who would do social welfare work among the out-patients of the Toronto General Hospital who come to the Maternity Clinic.

The Constitution of the Alumnae Association does not at present admit to membership anyone who is not a graduate of the T.G.H. Training School for Nurses, although the Association is quite free to make an appropriation of its moneys for work of this nature.

As the aim is to make this work as broad and far-reaching as possible, it was deemed advisable to organize a guild whose membership would include nurses from every training school together with under-graduates, in fact, all persons interested in welfare work. Such a guild ought to develop and educate the under-graduates and, at the same time, furnish all graduates and others interested with an opportunity for service.

A special meeting of the Alumnae was held in the Clinic Room of the new Toronto General Hospital on Friday, November 28, 1913, when addresses were delivered by Misses Gunn, Grant and Snively. The new society was organized with a membership of one hundred, of whom thirty-five are sustaining members. The name chosen was, "The Golden Rule Guild," and the object for which it exists is "Service." The officers are: President, Mrs. H. T. Baily; vice-president, Miss Robson; secretary-treasurer, Miss Madeline Elliott. The annual membership fee is fifty cents, while sustaining members will pay five dollars annually.

The following ladies have consented to become patronesses: Lady Meredith, Lady Pellatt, Mrs. H. D. Warren, Mrs. Falconer, Mrs. Cawthra Mulock.

There is now a balance of five hundred and twenty-five dollars in the treasury of "The Golden Rule Guild." This sum is made up of fees of active and sustaining members together with donations.

Do you not feel that you would like to have some share, however, small, in helping to further so worthy a work? By so doing you would not only encourage those who have undertaken this responsibility, but prove by personal experience the truth of the words: "There is that scattereth and yet increaseth." A copy of this letter is to be sent to each graduate of the school and to anyone interested in the work.

Our best wishes go out to this new organization for success in its work. The need is urgent, the possibilities are unlimited, the value of the service that may be rendered cannot be reckoned. Go forward! You must not look back, and the "Well done" will be your reward.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216 Drummond Street.
District Secretary—Miss M. Young, 36 Sherbrooke Street.
District Treasurer—Miss F. M. Shaw, 21 Sherbrooke Street.

TORONTO—Nurses' Residence, H.S.C. last Monday 8 p.m.
Chaplain—Rev. D. L. Owens, 10 Trinity Square.
Superior—Mrs. Goldwin Howland, 538 Spadina Ave.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday, 8.15 p.m.
Chaplain—The very Rev. the Dean of Quebec.
Superior—Mrs. Williams, The Close.

A meeting of the Guild of St. Barnabas for Toronto was held Thursday, November the 13th, 1913, at 8.15 p.m., when three associates were admitted to full membership, and one member admitted as associate.

A motion was made and adopted to change the day and time of the meetings to the second Friday of every month at 8 p.m.

It was suggested by the Chaplain that an effort be made to extend an invitation to nurses from the Old Country, now living in Toronto, to visit and join our Guild.

After the business meeting was over, all enjoyed the kind hospitality of Mrs. Owen.

The next meeting will be held on Friday evening, December 12th, at 8 o'clock in Holy Trinity Church, Trinity Square. The meetings this fall have been most encouraging. Very helpful addresses were given by the Chaplain, Rev. D. T. Owen, and a good average of members in attendance.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO

(Incorporated 1908)

First Vice-President, Mrs. W. S. Tilley, 56 George St., Brantford; 2nd Vice-Pres., Miss G. A. Read, 156 John St., London; Recording Secretary, Miss I. F. Pringle, 188 Avenue Rd., Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Ave., Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby Street, Toronto. Directors. Mrs. W. E. Struthers, 558 Bathurst St., Toronto; Mrs. A. H. Paffard, 194 Blythewood Road, North Toronto; Miss Mathieson, Riverdale Hospital, Toronto; Mrs. Mill Pellatt, 36 Jackes Ave., Toronto; Miss M. Ewing, 295 Sherbourne St., Toronto; Miss Eastwood, 206 Spadina Ave., Toronto; Mrs. Clutterbuck, 148 Grace St., Toronto; Miss Jean C. Wardell, R.N., 84 Delaware Ave., Toronto; Miss Eunice H. Dyke, City Hall, Toronto; Mrs. Yorke, 400 Manning Ave., Toronto; Miss G. L. Rowan, Grace Hospital, Toronto; Mrs. MacConnell, 127 Major St., Toronto; Miss Mary Gray, 505 Sherbourne St., Toronto; Miss J. G. McNeill, 52 Alexander St., Toronto; Miss C. E. De Vellin, The Alexandra Apts., University Ave., Toronto; Miss E. M. Norris, 82 Isabella St., Toronto.

We very much regret having to report the resignation of Miss Bella Crosby, who has been our worthy President for over three years, and who has worked so untiringly for Registration of Nurses in Ontario.

We wish to thank her heartily for all the time and energy she has spent while in office as our President, always doing everything in her power to raise the standard of our profession, and we are sorry she could not continue as our president until our dream is fulfilled and nurses have Registration.

Mrs. Tilley, first Vice-President, presided at the November meeting when there was a large meeting of the executive.

Miss Smith, chairman of Hamilton Chapter, was present, and reported favorable progress and the arrangement of a good course of lectures for the winter meetings.

The lecture committee has arranged a course of lectures to be given at intervals during the winter at the Club House, 395 Sherbourne street, Toronto.

Information re St. Michael's Hospital, unfortunately omitted from the pamphlet prepared by the executive, has been received and will be added to any sent out in future.

The Peterborough Chapter reported a good meeting, when Dr. McPherson gave an interesting and instructive address on "What a Nurse can do to Promote Public Health."

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Mrs. Petrie and Miss Dunlop.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

The monthly meeting of The Canadian Nurses' Association was held on Tuesday evening, December 2nd. Miss Phillips presided, and there were forty-five members present.

Five new names were added to the roll of membership, and four were proposed.

The Association was asked by a representative from The Griffon Town Girls' Club, if the members could assist one night a week. Miss Colley agreed to be our leader, and it was taken up quite enthusiastically, several members promising to help.

At the close of the business meeting, Miss Phillips introduced the lecturer, Dr. Grant Campbell, who gave us a most interesting lecture on "The Ductless Glands."

A hearty vote of thanks was accorded Dr. Campbell, and a social cup of coffee brought the meeting to a close.

The twelfth annual meeting of the Winnipeg branch of the Victorian Order of Nurses was held on the evening of November twenty-seventh at Government House.

In the absence of the secretary, Mrs. Tupper, Miss Bain read a very comprehensive report, which was greeted by applause. Miss Mary A. MacKenzie gave a resume of the work of the Order throughout the Dominion. Chief Justic Mathers, Mr. Allen, Mr. Drewry and others made short speeches on the magnificent work which is being done by the Order.

Miss Cole, the head nurse, reported that 8,801 visits had been made during the year, and 1,025 new patients nursed.

The following guests were present: His Honor, Lieutenant-Governor and Mrs. Cameron, Chief Justice and Mrs. Mathers, Lady McMillan, Lady Schultz, Rev. and Mrs. D. Christie, Mr. and Mrs. Allen, Mr. and Mrs. E. L. Drewry, Mr. and Mrs. Goldstein, Mr. and Mrs. Harris, Mrs. Hinton, Mrs. G. Bury, Mr. and Mrs. Bergmann, Mrs. A. Kelly, Dr. Thom, and the nurses of the Victorian Order.

Miss M. A. MacKenzie, who is Chief Superintendent of the Victorian Order of Nurses for Canada, arrived in the city Wednesday, after having spent several months in the Western provinces, inspecting the branches of the order, and organizing new ones.

"The Victorian Order has led the world for high standards in district nursing for sixteen years," said Miss MacKenzie. Reference was made to the increase in Country District Nursing Work.

Her Royal Highness, the Duchess of Connaught, made an appeal to the people of Canada last year for funds to enable the Victorian Order to extend all of its activities. The result was the sum of $222,000, which has been set aside as an endowment fund, and the interest will

be used each year to extend the work of the Order, but principally to help in supplying fully trained nurses for the country districts.

Miss MacKenzie congratulated the committee and nursing staff on the most successful year in the history of the Winnipeg branch, and made a number of practical suggestions with a view to making the work still more efficient. The importance of pre-natal visiting, and visits to the babies up to the end of the first year, was emphasized in connection with the splendid work which is being done in connection with the Child Welfare Campaign.—The News-Telegram.

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents at 206 Spadina Avenue, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, B.C.

APPRECIATION

"Restholm," a private hospital, at 53 Brenton St., Halifax, is owned and conducted by Miss Pemberton, a nurse who has had almost unlimited advantages and experience in institutional, private and district nursing, in Canada, the United States, England and Scotland. This hospital has been open for about five years, but this year it became necessary to procure a larger building, so as to be able to offer a larger number of rooms to supply the demand. The November meeting of the Nova Scotia Graduate Nurses' Association was made the occasion of the formal opening of the new "Restholm." A large number of guests came to an afternoon tea, and expressed great pleasure as they were shown through the various attractive rooms. The Association placed on record its hearty and grateful appreciation of the kindness, liberality and enthusiastic interest shown by Miss Pemberton, as President and also as Registrar.

At the December meeting, after the usual business had been dispatched, Miss Graham read a very bright and happy "Address" to our President, and asked her to be prepared for showery weather. At the same time the cords were cut from two large interesting-looking bundles, which had been deposited in front of the President's chair, and a shower of linen descended, which the "Address" had said was a presentation from the members of the Association, as a mark of goodwill and appreciation. Miss Pemberton, though taken completely by surprise, expressed her thanks in a few well chosen words.

HOSPITALS AND NURSES.

Miss Margaret Walker, of Vancouver, formerly of Guelph, Ont., came east with a patient, and visited her old friends in Guelph during December.

The regular monthly meeting of the Alumnae Association of the Hospital for Sick Children, Toronto, was held at "The Residence," Elizabeth Street, on November 13th. The President in the chair and twelve members were present. Two new members, Miss Cook and Miss Davis, were received. Miss J. Hamilton gave a resume of the printing and publishing of the first and second edition of the Alumnae Cook-book, and all members were asked to assist in the sale of the present edition, the proceeds of which are to be applied to the Sick Benefit Fund and to the Heather Club. Mrs. Clutterbuck, Regent of the Heather Club, gave a most interesting report of the annual bazaar of the club. Miss J. Hamilton was appointed convenor of a committee to prepare a report of the work done by the Alumae since its inauguration in 1903, a copy of this report to be sent to every member of the Alumnae.

The Alumnae Association of Montreal General Hospital held its monthly meeting on Friday evening, November 14th, 1913, in the Nurses' Home of the Hospital.

Dr. Simonds, Rector of Christ Church Cathedral, Montreal, gave an interesting talk on Charles Kingsley's "Water Babies."

Miss Nelson, M. G. H. Class '09, has returned to New York, after spending the summer months in Montreal. Miss Wells, M. G. H. Class '05, private nurse of New York, is visiting relatives in Montreal.

Dr. E. S. Harding, secretary of the Royal Edward Institute, Montreal, urges the need of a hospital, in the suburbs, for patients with incipient tuberculosis. The clinics are rendered fruitless by no follow-up cure being available.

The Nurses' Home of the old Toronto General Hospital is being equipped for a Measles Hospital.

The Annual meeting of the Graduate Nurses' Association of Sarnia, Ont., was held on October 2nd, 1913.

The election of officers resulted as follows: President, Miss Douglas; vice-president, Miss Nesbit; secretary, Miss Parry; Representative to Women's Local Council, Miss Nesbit.

Program Committee, Misses Dulmage, Kennedy and Pollard.

Refreshment Committee, Misses Fesant and Darville. The meetings are held the first Monday of each month.

At the December meeting of Victoria Hospital Alumnae Association, London, Ont., Dr. Fidler, of the Hygienic Institute, addressed

the nurses on "Medical Asepsis." He showed the possibility of handling mixed medical contagious cases in the ward without much danger of cross-infection, provided the proper mechanical means are used.

Dr. Fidler was given a hearty vote of thanks for his interesting lecture, which was much enjoyed by those present.

On Tuesday, November 18th, 1913, Miss Mary Ard McKenzie addressed a meeting of the graduate nurses of Moose Jaw, Sask., in the Nurses' Residence of the Moose Jaw General Hospital, on Registration. The address was listened to with great interest by those present.

After the meeting refreshments were served by the Lady Superintendent and Staff of the General Hospital.

On Monday evening, November 24th, 1913, Miss Mary Ard McKenzie gave a most illuminating address on Registration to the graduate nurses in Regina.

After explaining what Registration means, she enumerated the reasons why it should come into force. She answered in a most striking way the popular arguments against it. She then outlined briefly what has been accomplished in other parts of the world, and more particularly what is being done in the various provinces of Canada.

The address was stimulating in the extreme, and all the members present decided to start to work in earnest to secure Registration in Saskatchewan.

Collingwood.—The District Medical Association was held at the General and Marine Hospital, where a banquet was afterwards given the doctors in the nurses' dining-room—the nurses in uniform waited on table.

This month has been a very busy one with the graduate nurses, so the Alumnae meeting was postponed till later in the month.

On Friday, October 17th, 1913, in the lecture hall of the hospital, a reception in honor of His Lordship Bishop Brunet, of Mount Laurier, was tendered him by the members of the members of the Alumnae Association and nurses-in-training of the Ottawa General Hospital.

The hall was prettily decorated, and a large number of the nurses were present to offer congratulations to their beloved ex-chaplain, on the occasion of his appointment to the important office of Bishop of the Catholic Church. An address accompanied the gift of a set of beautiful vestments.

After a vocal solo, his lordship made a short speech, thanking the nurses, and reviewing his seven years of spiritual ministry to them. Two pleasing musical numbers ended the program. Dainty refreshments were served and a social hour spent.

Rev. Sister Mary Alice, Superintendent of the General Hospital, Ogdensburg, N.Y., was a guest at the Ottawa General Hospital during a short visit to the Capital.

The many friends of Rev. Sister Isiah, Night Superintendent of the Ottawa General Hospital, will be sorry to hear of her serious illness.

Miss K. Deegan and Miss B. Power, Graduates of the Ottawa General Hospital, expect to return to Ottawa shortly, after a four months' visit to Ireland and the continent.

Miss A. Turcotte, Graduate of the Ottawa General Hospital, has returned to Ottawa after a six months' visit in western Ontario.

Miss K. Costigan, Graduate O. G. H., has left for Victoria, B.C., to do private nursing.

Miss G. Bliss, Graduate O. G. H., has left for Winnipeg to take up private nursing.

A particularly sad death occurred at the Ottawa General Hospital on Saturday, September 13th, when Miss Eglatine Boucier, a Graduate of Class '13, succumbed to an attack of Frontal Sinus Abscess. The young nurse was a general favorite amongst her classmates, head nurses and all of the hospital staff, and was looking forward to a successful career at the completion of her hospital term in October. Sincere sympathy is extended her bereaved father, sister and brother, in their sad loss, as well as to the hospital authorities in the loss of a bright graduate of the school. A requiem service was held for Miss Boucier in the hospital chapel on October 25th, at which a large number of the nurses were present.

The Alumnae Association of Victoria Hospital Training School for Nurses, London, Ont., has arranged the following program for 1913-14: October, Social Service, Miss Forsyth, New York; November, Visiting Nursing, Miss Dyke, Toronto; December, Bacteriology, Institute of Public Health, London; January, Benefit of Alumnae Association to Graduates, Dr. Beal; February, Modern Surgery, Dr. Hadley Williams; March, Practical Demonstrations, Pupil Nurses of Victoria Hospital; April, Private Nursing, Miss I. Wilson, Victoria Hospital Staff; May, Annual Meeting, Election of Officers. Meetings are held the first Tuesday of each month.

The Matron-in-Chief of Queen Alexandra's Imperial Military Nursing Service reports the following transfers to stations abroad: Sister M. E. Neville to Egypt, from Hounslow; Sister M. E. Richardson to South Africa, from Tidworth; Miss A. Lee, Staff Nurse, to Malta, from London.

Miss M. Arbuckle, Graduate of Vancouver General Hospital, has accepted the position of Admitting Officer in the Hospital of the Good Samaratan, Los Angeles, Cal.

Miss Jean D. Bryden, graduate of Toronto Western Hospital, has gone to take charge of the Essex County Tuberculosis Hospital, Union-on-the-Lake, Ont.

The regular monthly meeting of the Victoria Nurses' Club was held Monday, December 1st, 1913, Miss E. H. Jones in the chair. Four new members were received. A short, instructive address on Maternity Nursing was listened to with much interest.

The regular monthly meeting of the Toronto Central Registry Committee was held at 295 Sherbourne St., Monday, December 1st, at 3 p.m., Miss Christine Mitchell, convener in the chair. Nine members were present. The total calls for November were 259, 44 registry and 215 personal. Two were helped from the Central Registry Extension Fund. Seven nurses were married during the month. Total balance is $1,842.99.

Dr. James C. Fyshe, the new superintendent of the Hospitals of Edmonton, Alta., will have under his supervision the Royal Alexandra, Strathcona and Isolation Hospital. Dr. Fyshe is a graduate in arts of Harvard University, and a graduate in medicine of McGill, while he has taken a post-graduate course at McGill in public health, and has the degree of "doctor of public health." He graduated from McGill ten years ago, and, after acting as house surgeon in the Montreal General Hospital for a time, was deputed to make a study of hospitals and infectious diseases. After spending six months at this work he returned to Montreal, where the Alexandra Hospital for Infectious Diseases was erected under his supervision. He superintended the institution for two and a half years, leaving it to take the post of assistant medical officer of health in Bangkok, Siam, a city of 800,000. He held the latter office for four and a half years, returning to Canada about two years ago to take the position of medical superintendent of the Montreal General Hospital.

The new wing of the General Hospital, Duncan, B.C., has been completed. As it is to be used for a maternity department, it is separate from the rest of the hospital and is complete in itself. There are eight wards, all of which are comfortably and tastefully furnished, some of them by private people and lodges.

The annual meeting of the Royal Victoria Hospital, Barrie, Ont., was held on October 30th, 1913, when reports showed that the hospital had had a most successful year.

The report of the Training School for Nurses showed that four nurses—Misses Edna E. Ayers, gold medalist; Amy Silverthorne, Ethel Aldous and Mabel Miller, all of whom received first class honors. The

school is at present composed of the Superintendent, Miss N. McLennan, and fourteen pupil nurses.

Hamilton, Ont.: At the annual meeting of the Alumnae Association of Hamilton City Hospital Training School for Nurses, the following officers were elected by ballot for 1914:

President—Miss M. Brennan.
First Vice-President—Miss Laidlaw.
Second Vice-President—Miss J. Elliott.
Recording Secretary—Miss Fenby.
Corresponding Secretary—Miss Bessie Sadler.
Treasurer—Miss A. Carscallen.
"The Canadian Nurse" Representative—Miss Bessie Sadler.
Committee—Misses Waller, Torrey, Armstrong, Storms-Street.

A resolution was drafted to be sent to the municipal authorities to have a Free Dental clinic established in the city. The Hamilton chapter of G.N.A.O. have issued invitations to all the members of the Aluminae to a social evening in the Nurses' Club, Friday, December 12th.

Miss Madden, Superintendent of Nurses, H.C.H., was hostess at an informal tea in the Nurses' Residence, given for the graduates and the doctors of the city. Mrs. Alfred Paget, a bride from South America, received with Miss Madden.

Miss Still has returned to the city to do private nursing.

Chatham, Ont.—The new wing of St. Joseph's Hospital, Chatham, was opened on December 2, 1913, by Rev. F. James. Bishop Fallon was to consecrate the house but illness prevented. Addresses were delivered by Father James, Dr. J. L. Bray, A. B. McCoig, M.P., Dr. Charteris, Dr. Holmes and others.

A large gathering was present and every one was enthusiastic in praise of this new splendidly equipped institution.

EASTERN TOWNSHIPS GRADUATE NURSES' ASSOCIATION.

A well attended and enthusiastic meeting of the Graduate Nurses of Sherbrooke District was held in Sherbrooke, Que., at the Art Hall, November 24th, 1913.

Miss Margaret Mitchell occupied the chair.

In opening, Miss Mitchell spoke of the strong feeling among the Nurses of the need of an Association in Sherbrooke, to become mutually acquainted and helpful, to elevate the standard of the profession, and to work for registration.

Miss Louisa Parker followed with an account of a Graduate

Nurses' Club formed in Montreal, and offered some valuable suggestions.

Miss Orford spoke of the work being done in the other provinces towards registration.

After some discussion it was decided that the name should be "The Eastern Townships Graduate Nurses' Association," and the following officers were elected: President, Miss Orford; first vice-president, Miss Norma Lamb; second vice-president, Miss Margaret Smith; secretary-treasurer, Miss Helen Hetherington.

It was decided to hold the meetings the second Tuesday of each month, for the present using of the Art Hall.

The question of a Nurses' Registry was discussed, and the possibility of having it at the General Hospital mentioned. The matter was left over until the next meeting in order that Miss Lamb, the lady superintendent, might consult her board on the subject.

It is hoped that the Association may be able to arrange for lectures on subjects of interest to nurses, and, if possible, occasionally to bring a demonstrator from the larger hospitals, and thus keep in touch with what is new in the nursing world.

In closing, Miss Orford the President-elect, said that as the primary object of nurses is the care and comfort of the sick, so this Association will be of benefit if it increases our efficiency in relieving pain.

Halifax: Miss Ella Morrison, a graduate of the Victoria General Hospital, who has been a missionary nurse in Jhansi, India, for several years, is now on furlough and is at present upon the staff at the Victoria General Hospital.

Miss Hazel Kirk, V.G.H., has recently received appointment to missionary work in Korea, and is now on her long journey there.

During the recent epidemic of typhoid in the city it became necessary to open an Emergency Hospital. Six nurses have been required there to care for the thirty-five patients.

Misses Frances Rice and M. McDonald, V.G.H., have recently returned from taking a post-graduate course at the Sloane Maternity Hospital, New York.

Miss Anderson is now taking a post-graduate course at the Boston Lying-in, and Miss Mabel Hartley, the V.O.N. post-graduate course at Montreal. Miss Agnes Skeny and Miss Kath. Munro are taking a post-graduate course at Covey Hill Hospital, Brookline, Mass.

Miss N. McInnes, who has been on the staff at the V.G.H. for several months, has retired to resume private nursing.

Miss Nellie Remby is now convalescing from an illness at the Victoria General Hospital.

THE SMILE CURE

The "Smile Cure" is said to put to flight all the harassing worries and minor ills from which human beings suffer. Special smiling exercises are recommended for regular practice every day before a mirror. After a few weeks of this training we are told that there will be a marked change for the better in our lives; our whole outlook will be brighter and more hopeful, and our health and circumstances wonderfully improved.

The kind of smile advocated is the real thing, working from the mind inwardly, until it cannot help revealing itself outwardly. The endeavor to look pleasant will serve as a reminder that our thoughts must be bright anl hopeful too; and so unconsciously we adopt a more cheerful outlook.

This smile is not to be a perpetual simper, but a strong, peaceful, and happy expression which is the result of a plucky attitude towards life's discipline. We are not to allow ourselves to be depressed by cares, difficulties, and troubles, but once and for all we are to banish all that irritates from the mind, and ever look for that brightness that awaits us at every turn.

The persistently hopeful, the new cult maintains, are nearly always successful in every sense of the word. Ralph Waldo Trine, one of the foremost exponents of Thought Power, expresses it in this way: putting into and keeping in operation subtle forces that are continually

"The optimistic, cheerful, hopeful habit of mind is continually changing from the unseen to the seen, from the ideal into the actual, and attracting to us from without conditions of a nature kindred to the type of thought force we set into operation.

"The cheerful, confident, and tranquil in all circumstances are continually growing in these qualities, for the mind grows by and in the direction of that it feeds upon.

"On the other hand, the peevish, gloomy, grumbling, panicky, critical—the small—cast a sort of deadening, unwholesome influence wherever they go. They get, however, what they give, for they inspire and call back to themselves thoughts and feelings of the kind they are sufficiently stupid to allow a dominating influence in their own lives. People ruled by the mood of gloom attract to themselves gloomy people and gloomy conditions."

Do any of us really know what sort of expression we habitually wear? Hardly. For when we peer into the mirror, our thoughts are diverted from their ordinary channel for the moment, in the absorbing occupation of arranging our hair or clothes, and we do not notice whether we are looking bright or the reverse. So we have no idea what face we present to the world.

It is said that in our sleep our souls leave our bodies, and when we

dream of far-away lands we do actually visit them, but so long as the body is alive we must return to it as it awakes once more to consciousness. Now if this be true, it seems a pity that our souls could not make these nightly adventures more helpful to us by letting us have a thoughtful look at ourselves before getting inside our bodies again. Probably it would give us a shock—we should scarcely recognize the miserable, worried-looking individual before us, and certainly we would have to acknowledge that the tired, depressed face was of our own moulding.

So next morning we would start straight away with the "Smile Cure," and then—well, let us try it, and analyse the result for ourselves.

We have been in the habit of associating seriousness with solid sterling worth. Probably the Puritans started the idea, but with them it was necessary as a reproving contrast to the lax ways of the Cavaliers. So the ponderous, stern, lack-humor character has gained for itself an admirable reputation, not always deserved. The laughter-loving light-hearted folk are too often considered shallow and frivolous, and yet their gaiety is not seldom the result of an unselfish desire to make those around them happy, and a determination not to give way to their troubles.

The morose and gloomily serious are suffering from intense selfishness. They envelop themselves in their troubles and carry this self-manufactured atmosphere of depression wherever they go, chilling all whom they meet as effectually as a cold wet mist. They are indeed enjoying themselves in their own peculiar way—grumbling is a form of mild dissipation—the tragedy comes in when others have to listen to it. What a splendid benevolent work for some millionaire—to transport all the forlorn "Mrs. Grummidges" to a lonely desert, there to have a thoroughly good time, with a real grievance on which to hang their intense self-pity!

The adherent of the "Smile Cure" will soon discover that in following it out he gains many good qualities as well. He cultivates a certain complacency which is necessary for real harmony of mind. Of course this does not apply to the arrogantly vain and aggressively confident; they have overstepped the limits of common sense and good breeding, and are not worth considering. But there are many who are so keenly aware of their deficiencies and failings that they are more or less dejected and sad. They encourage a morbid introspection which acts as a blight on the life. To be inwardly pleased with oneself gives a calm, cheerful confidence which makes for happiness and also favorably impresses others. No need to fear that we will remain in blissful ignorance of our faults—the candid relation will take full responsibility for that. What is left for the "Smile Cure"

patient to do is to discover his many good points and genially enjoy them. The conviction that one is not such a bad sort after all is astonishingly exhilarating, and after a time even the over-zealous relation cannot diminish our content.—Nursing Journal of India.

THE TEACHERS' REGISTER

Under the above heading "The British Journal of Nursing," speaking editorially of the forward step made by teachers, says:

"The teachers of this country are to be congratulated that, after a hard struggle, they have at length succeeded in securing their registration under state authority, and last week the Teachers Registration Council met at the College of Preceptors, Bloomsbury Square, W.C., under the chairmanship of Mr. A. H. D. Acland, and defined the regulations qualifying for admission to the Register. The council consists of 44 members representative in equal proportions of university, elementary, secondary and specialist teachers.

The main features of the conditions of admission are the inclusion in one Register, without differentiation of groups, of all teachers who have proved their right to be enrolled as duly qualified members of the teaching profession. Applicants for enrolment must be 25 years of age, and after 1918, a training in teaching, as well as three years' continuous experience, will be demanded as a condition of enrolment.

There is one very noticeable omission in this council which gathers up in a most comprehensive way representatives of all the teaching interests, namely that teachers of nursing are not represented, and we are forced to the conclusion that it is impossible that they should be, because, though in every hospital in the country Matrons and Sisters are engaged in teaching probationers—more or less efficiently—the important principles underlying this art, and of applying those principles skilfully in their daily work, yet they receive no special training, much less are they required to attain a standard of efficiency as teachers. At present, so far as we are aware, the Nursing Board of Queen Alexandra's Imperial Military Nursing Service is the only authority which requires nurses in this country to pass through a special course of training, and to give evidence of their practical ability to teach before recognizing them as competent to do so. Yet the efficiency of nurses when trained and certificated, and, therefore, the safety of the public largely depends on the competence, or otherwise of teachers of nurses.

It is high time to recognize that to hold a certificate of training does not qualify a nurse to undertake the duties of instructing others. The art of teaching is one for which only a limited proportion of

nurses are fitted, and they can only acquire it as the result of special training.

Nothing would do more to raise the standard of nursing education or give greater prestige to a body of women who, in many instances, are giving skilled instruction of great value with quite inadequate recognition, than the registration of their teaching qualifications.

The problem which the Teachers' Registration Council has had to consider in drafting its regulations has been, as the Times points out, to "steer between laxity and severity. To lower the standard of qualification unduly would be to turn the Register into a mere directory, incapable of giving any status of worth to those placed upon it; to set up too high a standard would be to deprive it of the necessary support." Our contemporary further draws attention to "the significance of the movement, not to teachers only, but to the nation at large. It rests now with all teachers to take up the membership which is thus offered to them; if the Register receives the support to which the labors of this representative Council justly entitel it, the way will be clear to the further work of organizing and raising the great profession to which the youth of the nation must necessarily be entrusted." These remarks apply with equal force to the registration of trained nurses and those who instruct them."

MARRIAGES

At St. James' Presbyterian Church, Dauphin, Manitoba, on May 26th, 1913, Miss Nellie McQuarrie, Graduate of Dauphin General Hospital, Class '11, to Rev. James W. McKillop, of Dauphin, Man.

At Forke River, Manitoba, Miss Bertha O. Johnston, Graduate of Dauphin General Hospital, Class '12, to Mr. William D. King, of Dauphin, Man.

At Woodstock, Ont., on November 12, 1913, Miss Ethel L. Ingram, Graduate of the Hospital for Sick Children, Toronto, Class '07, to Mr. J. W. Lang, Vancouver, B.C.

In St. Paul's Church, Montreal, on November 20, 1913, Miss Margaret McGavin, Graduate of Montreal General Hospital, Class 1900, to Mr. F. G. Reid, Montreal.

At the home of Mr. A. McLeod Campbell, Montreal, on November 20th, 1913, Miss Elizabeth Alexander Campbell, Graduate of Montreal General Hospital, Class '09, to Dr. Leonard Lansdowne Derby, of Rockland, Ont.

In Hope Methodist Church, Toronto, on November 20th, 1913, Miss Mary Elizabeth Johnston, Graduate of Toronto Western Hospital, Class '11, to Dr. Joseph V. Follet, of Calgary, Alta.

In the Methodist Church Aurora, Ont., Miss Jennie Elma Smith, Graduate of Toronto General Hospital, Class '07, to Mr. David Scott Johnston, of Ottawa.

On October 15, 1913, at St. Mary's Church, Lindsay, Ont., by Vicar-General Casey, Miss Helen O'Neill, Graduate St. Michael's Hospital, Toronto, Class '10, to Mr. Jas. Donovan, of Toronto.

At Christ Church, Toronto, on November 18, 1913, Miss Irene Mabel Holtorf, Graduate of Toronto General Hospital, Class '10, to Mr. Harvey Anderson Barnett, B.A.Sc.

At 242 Macpherson avenue, Toronto, on November 19, 1913, Miss Jean Russell McTavish, Graduate Toronto General Hospital, Class '06, to Mr. Dougald McCallum, of Elmwood, Ont.

On October 1st, 1913, by the Rev. Father Foley, at Lancaster, Ont., Miss Katherine Gunn, Graduate of the Ottawa General Hospital, Class '09, to Mr. J. Vaughan, of Ottawa.

On Saturday, December 6, 1913, at Ascension Church, Hamilton, Ont., Miss Madeline Hunt, graduate of Hamilton City Hospital, Class '09, to Mr. George O'Brien, Hamilton.

DEATHS

On November 2nd, 1913, at Kamloops, B.C., Miss Charlotte Mackenzie, Graduate of Toronto General Hospital, Class '10, after a long and trying illness of over two years.

On November 17, 1913, at the residence of Mrs. E. M. Burns, Portland, Ore., Miss Isabella Murray, late of the Seattle General Hospital and formerly of Victoria, sister of Mr. J. F. Murray, assistant Post Office Inspector, Vancouver, B.C.

BIRTHS

At Montreal Maternity Hospital, on November 11, 1913, to Mr. and Mrs. J. Glen Harley, a son. Mrs. Harley (nee Falconer) is a Graduate of Montreal General Hospital, Class '10.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES

President, Miss M. Brennan; First Vice-President, Miss Laidlaw; Second Vice-President, Miss J. E. Elliott; Recording Secretary, Miss Fenby; Corresponding Secretary, Miss Bessie Sadler, 100 Grant Ave.; Treasurer, Miss A. Carscallen, 143 James St., South.

Committee—Misses Waller, Torrey, Armstrong, Storms and Street.

"The Canadian Nurse" Representative—Miss Bessie Sadler, 100 Grant Ave.

THE CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

President, Miss V. L. Kirke, Victoria Hospital, Halifax, N.S.; First Vice-President, Mrs. H. F. M. Bowman, Berlin and Waterloo Hospital, Berlin, Ont.; Second Vice-President, Miss Hersey, Royal Victoria Hospital, Montreal; Secretary, Miss L. C. Phillips, 43 Argyle Ave., Montreal; Treasurer, Miss Alice J. Scott, St. Margaret's College. 144 Bloor St. E., Toronto. Councillors—Miss Snively, 50 Maitland St., Toronto; Miss R. L. Stewart, Toronto General Hospital; Miss Johns, John McKellar Hospital, Fort William, Ont.; Miss C. M. Bowman, Portage La Prairie, Man.; Miss L. E. Young, Montreal General Hospital.

ALUMNAE ASSOCIATION, GRACE HOSPITAL, TORONTO

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Board of Directors—Miss Rowan, Sloane, Warden, McPherson and Irvine.
St.; Treasurer, Miss Carnochan, 566 Sherbourne St.

Conveners of Committees—Devotional, Miss Noble, 286 Avenue Road; Programme, Miss E. Hawley, 260 Huron St., Social, Miss Etta McPherson, 63 Queen's Park; Press and Publication, Miss McKeown, 566 Sherbourne St.

Representatives on Central Registry Committee—M. E. Jewison, 552 Bathurst St.; Miss Irvine, 596 Sherbourne St.

Representative to "The Canadian Nurse"—M. E. Jewison, 552 Bathurst St.

Regular Meeting, second Wednesday of each month, 3 p.m.

THE ALUMNAE ASSOCIATION OF THE TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

Honorary President, Miss Snively; President, Mrs. E. M. Feeny, 39 Grove Ave.; First Vice-President, Miss M. E. Christie; Second Vice-President, Miss Isabel Fergusson; Recording Secretary, Miss Bella Crosby, 41 Rose Ave.; Corresponding Secretary, Mrs. N. Hillary Aubin, 78 Queen's Park; Treasurer, Miss Georgie Henry, 153 Rusholme Road.

Directors—Mrs. A. E. Findlay, Miss Margaret Telfer, Miss E. E. Augustine.

Conveners of Committees—Social and Look-Out, Mrs. Mill Pellatt, 36 Jackes Ave.; Programme, Miss Janet Neilson, 295 Carlton St.; Registration, Miss Bella Crosby, 41 Rose Ave.

Representatives on Central Registry Committee—Miss C. A. Mitchell, Miss Laura Gamble.

Representative "The Canadian Nurse"—Miss Lennox.

Regular Meeting—First Friday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL TORONTO.

President—Miss O'Connor, Supt. of St. Michael's Hospital; First Vice-President, Mrs. P. W. O'Brien, 126 McCaul St.; Second Vice-President, Mrs. Roach, 86 St. Patrick St.; Secretary, Miss Foy, 163 Concord Ave; Treasurer, Miss Christie, 330 Berkeley St.

Board of Directors—Miss Connor, 853 Bathurst St.; Miss McDonald, 423 Sherbourne St.; Miss Hinchey, 853 Bathurst St.

Representative on Central Registry Committee—Miss Christie, 330 Berkeley St.; Miss Crowley, 853 Bathurst St.

Secretary-Treasurer Sick Benefit Fund—Miss O'Connor, Supt. of St. Michael's Hosp.

Representative "The Canadian Nurse"—Miss Stubberfield, 1 St. Thomas St.

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Treasurer, Mrs. Canniff, 77 St. Clair Ave. East.

Recording Secretary, Miss M. Hill, 105 Roxboro St. East.

Corresponding Secretary, Miss C. Cameron, 137 Macpherson Ave.

Conveners of Committees—General Business, Miss Ewing, 295 Sherbourne St.; Sick Visiting, Miss I. Gray, 67 Balmoral Ave.; Miss M. E. Herington, 159 Cumberland St.

Press Representative and "The Canadian Nurse" Representative, Miss K. Panton, Hospital for Sick Children; Representatives on Central Registry Committee, Miss M. Gray, Miss L. Teeter.

Directors, Miss Ewing, Mrs. Clutterbuck, Miss Mitchell and Miss Franks.

Regular Meeting, Second Thursday, 3.30 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO.

President, Miss Mathieson, Superintendent; Vice-President, Miss J. G. McNeill; Secretary, Miss Annie Day, 86 Maitland St.; Treasurer, Miss M. Fogarty, corner Pape Ave. and Gerrard St: Executive Committee, Misses Hallett, McFadyen, Stretton, Mannering and McLellan.

Conveners of Committees—Sick Visiting, Miss Hallett; Programme, Miss McFadyen.

Representatives on Central Registry Committee—Misses Pigott and Semple.

Representative "The Canadian Nurse"—Miss J. G. McNeill, 505 Sherbourne St.

Regular Meetings—First Thursday, 8 p.m.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss M. A. McKenzie, R.N., 295 Sherbourne St.; Vice-President, Miss M. Urquhart, 64 Howard St.; Secretary-Treasurer, Miss J. C. Wardell, R.N., 113 Delaware Ave.

Board of Directors—Misses Morrison, Grant, Helm, Park, Code, Florence, Hamilton and Mrs. Wigham.

Convener Social Committee—Miss McKenzie.

Representatives the Central Registry—Misses Pringle and Wardell.

The Canadian Nurse Representative—Miss Urquhart, 64 Howard St.

Regular meeting, first Tuesday.

THE ALUMNAE ASSOCIATION OF VICTORIA HOSPITAL TRAINING SCHOOL FOR NURSES, LONDON, ONTARIO

President—Miss Barbara Gilchrist; Vice-President, Miss Agnas McDougall; Secretary-Treasurer—Miss B. MacIntosh.

Conveners of Committees—Sick Visiting, Social and Look-out, Miss Ida Rasser, toria Hospital; programme, Miss Mary Mitchell, 77 Grey St.

Program Committee—Miss Cline, Miss Whiting, Miss Smallman, Miss McVicar.

"The Canadian Nurse" Representative—Mrs. W. Cummins, 95 High Street.

Regular meeting, 1st Tuesday, 8 p.m., at Victoria Hospital.

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